

REFERRAL TO DISTRICT ATTORNEY*(Complete one form for each Absent or Unmarried Parent)*

<input type="checkbox"/> TO <input type="checkbox"/> FROM: DISTRICT ATTORNEY (SPECIFY COUNTY)				CASE NAME	DATE OF REFERRAL
<input type="checkbox"/> TO <input type="checkbox"/> FROM: EW NAME EW NUMBER CWD DISTRICT OFFICE				APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)	AID TYPE/CASE NUMBER
					RELATIONSHIP TO CHILD(REN)

A. This case is referred to you because:

- ☐ Action is necessary to obtain
☐ financial support ☐ medical support. ☐ paternity.
☐ Recipient is receiving direct support payments. Action needed to transfer payments to county.
☐ Good Cause has been
☐ claimed ☐ granted ☐ denied (see CA 51 attached).
☐ Other (see comments)

B. The following information applies to this case:

- ☐ CA 2.1(Q) Questionnaire is attached.
☐ Absent parent has health insurance coverage. A copy of the DHS 6155 is attached.
☐ Medi-Cal eligibility has not been determined.
☐ This is a relinquishment for adoption case.
☐ Previously sanctioned: now agrees to cooperate.
☐ Child no longer resides with recipient.
☐ Child added to TCC, was not on AFDC.
☐ Medi-Cal Only; Applicant/Recipient does not want other child support services.
☐ Other (see comments)

C. Applicant/recipient has not agreed to:

- ☐ Assign accrued
☐ financial support rights ☐ medical support rights.
☐ Cooperate in obtaining
☐ financial support ☐ medical support AND/OR
☐ establishing paternity.
☐ Cooperate in establishing Good Cause.
☐ Forward support payments.

D. Information from District Attorney (DA) to CWD:

- ☐ Applicant/recipient has cooperated in accordance with Federal law.
☐ Applicant/recipient has not cooperated in accordance with Federal Law:
☐ Did not appear and/or provide verbal, written or documentary information.
☐ Rescheduled appointment on _____ ☐ kept ☐ failed
☐ Refuses to appear as a witness at court or other hearing.
☐ Refuses to transmit child support payment(s) received directly from the absent parent.
☐ Applicant/recipient has claimed Good Cause for refusal to cooperate and has been provided with a Good Cause claim form.
☐ This is a notice of renewed cooperation.
☐ Paternity ☐ has ☐ has not been established.
☐ Support order established.
☐ Other (see comments)

DA FILE NO:

E. TYPE OF APPLICATION

- ☐ NEW ☐ REAPPLICATION ☐ ADD A CHILD ☐ ICT ☐ RENEWAL

ABSENT PARENT'S NAME	DA FILE NUMBER
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH
CHILD'S NAME	DATE OF BIRTH

F. ☐ APPLICANT STATES AID RECEIVED PREVIOUSLY.SPECIFY TYPE: ☐ CASH AID ☐ MEDI-CAL ONLY ☐ TCC ☐ TMC

PLACE (CITY, COUNTY, STATE)	DATE LAST RECEIVED
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G. ☐ INTER-COUNTY TRANSFER/INTERSTATE TRANSFER

FROM (COUNTY/STATE)	PRIOR COUNTY'S DA FILE NUMBER (IF KNOWN)
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H. ☐ CASH AID

APPROVAL DATE	ONGOING CASH AID AMOUNT \$
DISCONTINUANCE DATE	REASON FOR DISCONTINUANCE/CODE

I. ☐ MEDI-CAL ONLY

DATE MEDI-CAL BEGINS/CONTINUES	DATE DISCONTINUED
REASON FOR DISCONTINUANCE	

J. ☐ TRANSITIONAL CHILD CARE

DATE TCC BEGINS	DATE TCC ENDS
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Comments:

SIGNATURE OF DA REPRESENTATIVE	TITLE	E.W. SIGNATURE	E.W. NUMBER	PHONE	DISTRICT OFFICE
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